

SAMPLE TOOL

Use of this tool is not mandated by KDADS for regulatory compliance nor does their completion ensure regulatory compliance. Nursing Homes are welcome to adapt this tool to meet their needs.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

APPLYING QUALITY INDICATOR SURVEY (QIS) PROCESS TOOL

(Source Document: Americare Kansas Skilled Community Quality Assurance Program)

POLICY

It will be the policy of the facility to implement a Quality Assurance Program; drawing on the Quality Indicator Survey (QIS) process and tools to guide recognition of areas in need of continuous quality improvement. Each community has been provided with the Med Pass Manual titled, “Quality Indicator Survey Process Tools and Resources Manual”, to utilize for this process. Forms will be copied from this manual. Each community will operate their Quality Assurance programs according to this policy and procedure

(Note: Inclusion of the name of the Manual Vendor is not KDADS endorsement. The QIS Resource Manual which contains the forms referred to in the vendor’s manual can be downloaded at <http://www.aging.ks.gov/Manuals/QISManual.htm>

PROCEDURE

The Quality Assurance (QA) Committee will meet at least every month. ***(483.75(o) F520 Quality Assurance and Assessment requires only quarterly meetings.)*** QA Committee members consist of at least the following: Administrator, Director of Nursing, Director of Case Mix, and Dietary Manager, one representative from Environmental Services and one representative from the front line staff, i.e. certified nursing aide, housekeeper, and dietary aide.

The Medical Director and applicable consultants must attend and participate in the Committee meeting at least quarterly.

The QA Committee will hear and act on the following reports as needed:

- Findings from facility level tasks; triggered facility level task; resident, family, and staff interviews
- Outcome of Action Teams for Performance Improvement
- Infection Control tracking, trending, and education
- Residents with wounds acquired in-house and admitted with (current stages) and those with non-pressure wounds, i.e. circulatory, surgical
- Residents with Weight Loss: number for month and current interventions in place
- Residents and Staff Accidents/Falls: number for month and action plan to reduce accidents/falls; tracking and trending

APPLYING QUALITY INDICATOR SURVEY (QIS) PROCESS TOOL

The QA Committee will develop plans of correction for areas that are in need of improvement, including the assignment of an Action Team for Performance Improvement.

FACILITY-LEVEL TASK FORMS

Each community will utilize the Facility-Level Task Forms located in the manual. A designated person will complete these tasks at least monthly and bring a report of the findings and a plan of correction, as applicable, to the monthly QA Committee meeting. The QA Committee will accept the submitted plan of correction or create a plan of correction, if needed. The tasks and designated person are as follows:

Facility Level Task	Responsible Person
Liability Notices and Beneficiary Appeal Rights Review <i>(CMS-20052 - Demand Billing)</i>	Business Office Manager will complete the tool for 3 Medicare beneficiaries who requested demand bills and forward the results to the Administrator for review. Administrator will present findings at QA Committee Meeting.
Dining Observation <i>(CMS-20053 – Dining)</i>	Administrator will complete an observation of 3 meals.
Infection Control and Immunizations <i>(CMS-20054 - Infection Control)</i>	ADON
Kitchen/Food Service Observation <i>(CMS-20055 – Kitchen)</i>	Consultant Dietician will complete the tool during the monthly visit and report findings to the Dietary Manager and Administrator. Administrator will bring finding to QA Committee.
Medication Administration and Observation <i>(CMS-20056 - Medication Administration)</i>	1. The Director of Nursing or their Designee will monthly observe the administration of at least 50 medications via various routes to at least 10 different elders. 2. The Director of Nursing or their Designee will quarterly observe the administration of at least 50 medications via various routes to at least 10 different elders on at least one weekend.
Medication Storage <i>(CMS-20089 - Medication Storage)</i>	Director of Nursing or Designee.
Quality Assurance <i>(CMS-20058 – QAA)</i>	Administrator

APPLYING QUALITY INDICATOR SURVEY (QIS) PROCESS TOOL

TRIGGERED-FACILITY LEVEL TASKS

Each community will utilize the Triggered Facility-Level Task Forms located in the manual. The designated person will complete the task at specified time interval and bring a report of the findings and plan of correction, as applicable to the monthly QA Committee meeting. The QA Committee will accept the submitted plan of correction or create a plan of correction, as needed.

The tasks, time interval, and designated person are as follows:

Triggered-Facility Level Tasks	Responsible Person	Frequency
Abuse Prohibition Review (CMS-20059 - Abuse Prohibition)	Administrator or Director of Nursing	Monthly
Abuse Prohibition Review – (CMS-20059 - Abuse Prohibition - Use only Determination of Compliance)	Staff responsible for accident and incident investigation and reporting	With any report or indication of alleged abuse. Form will become a part of the investigative procedure for investigating abuse/neglect.
Admission, Transfer and Discharge (CMS-20060 - Admit / Transfer / Discharge)	Director of Nursing will select 3 elders for review. The Medical Records staff will complete the task.	Quarterly
Environmental Observations (CMS-20061 – Environment)	Administrator or Designee	Monthly
Sufficient Nursing Staff (CMS-20062 - Sufficient Nursing Staff)	Director or Nursing	Quarterly
Personal Funds Review (CMS-20063 - Personal Funds)	Administrator	Quarterly
Unnecessary Drugs (F329 – Regulation Guidance)	Director of Nursing will review for 3 residents	Monthly

INTERVIEWS

Each community will conduct resident, family and staff interviews using forms in the Manual. Each month core participants of the QA Committee will be assigned to complete interviews of specified individuals. They will also be responsible for completing the Critical Element (CE) Pathway for a resident if it is triggered by the interview findings. The findings of the interviews and CE Pathway, if used, will be reported to the Administrator who will report to the QA Committee.

1. Resident Interviews. (*CMS-20050 - Resident Interview and Observation*) Each community will complete interviews on either 5 elders or 10% of their population (whichever is greater). There will be an even mix of new admission elders and long term elders accounted for in the interview sample.
2. Family Interviews. (*CMS-20049 - Family Interview*) Each community will complete interviews that represent either 5 elders or 10% of the population (whichever is greater). There will be an even mix of new admission elders and long term elders accounted for in the interview sample.
3. Staff Interviews. (*CMS-20051 - Staff Interview*) Each community will interview 10% of its work force per month on various shifts. This tool will be used to ensure that staff is aware of each elders needs and plan of care. If staff are not aware, the QA Committee will evaluate and determine a course of action to ensure necessary education will take place.

ACTION TEAMS FOR CONTINUOUS QUALITY IMPROVEMENT

After review of findings at each QA meeting, the QA Committee will determine if the plan of correction for an area warrants creation of an Action Team. An Action Team consists of one leader from the core QA Committee as well as one or more the front line staff, i.e. certified nursing staff, housekeeper, dietary aide, from the applicable department utilizing the following:

- Critical Element Pathway Worksheets
- Federal Regulations Guidance
- Crosswalk of Facility Task and CE Pathway to Federal Regulations
- Stage I Resident Observation

This team will work together and with the elders/families, and staff to identify and implement the best course of correction. They provide a monthly report to the QA Committee.